

**GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE**

**LOK SABHA
UNSTARRED QUESTION. NO. 1748
TO BE ANSWERED ON 11TH FEBRUARY 2022**

ANAEMIA IN PREGNANT WOMEN

**1748: DR. SUKANTA MAJUMDAR,
DR. JAYANTA KUMAR ROY
SHRIMATI SANGEETA KUMARI SINGH DEO:**

Will the **MINISTER of HEALTH AND FAMILY WELFARE** be pleased to state:

- a) whether the World Health Organisation (WHO) has expressed concern over anaemia in pregnant women in the country;
- b) if so, the details thereof
- c) whether the Government has ascertained the condition of pregnant women in different parts of the country;
- d) if so, the details thereof along with the steps taken by Government to deal with the situation, State/ UT-wise; and
- e) the corrective steps taken by Government to deal with the predicament of anaemia in the country, State/ UT-wise including West Bengal?

**ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY
WELFARE
(DR. BHARATI PRAVIN PAWAR)**

(a) to (b)

The World Health Organisation (WHO) publishes report on anaemia. The detailed information on prevalence of anaemia in pregnant women in the country and State /UT-wise as per the National Family Health Survey-5 is placed at annexure.

Health is a State subject and the primary responsibility for strengthening health care services including implementation of national programs lies with the respective State/UT government. However, Government has taken steps to improve the condition of anaemia among all identified groups in all States/UTs. Under National Health Mission (NHM) the Government provides financial and technical support to States/UTs for implementation of Anaemia Mukh Bharat Strategy as proposed by the States/UTs in their annual Programme Implementation Plans.

(c) to (d)

The Government has ascertained the condition of pregnant women in the country and various steps taken by the Government of India, to improve health condition of pregnant women in all States/UTs, are as follows:

1. **Surakshit Matritva Aashwasan** (SUMAN) provides assured, dignified, respectful and quality healthcare at no cost and zero tolerance for denial of services for every woman and newborn visiting public health facilities to end all preventable maternal and newborn deaths.
2. **Janani Suraksha Yojana** (JSY), a demand promotion and conditional cash transfer scheme for promoting institutional delivery.
3. Under **Janani Shishu Suraksha Karyakram** (JSSK), every pregnant woman is entitled to free delivery, including caesarean section, in public health institutions along with the provision of free transport, diagnostics, medicines, other consumables & diet.
4. **Pradhan Mantri Surakshit Matritva Abhiyan** (PMSMA) provides pregnant women a fixed day, free of cost assured and quality antenatal check up by a Specialist/Medical Officer on the 9th day of every month.
5. **LaQshya** improves the quality of care in labour room and maternity operation theatres to ensure that pregnant women receive respectful and quality care during delivery and immediate post-partum.
6. **Monthly Village Health, Sanitation and Nutrition Day** (VHSND) is an outreach activity at Anganwadi centers for provision of maternal and child care including nutrition in convergence with the ICDS.
7. **Delivery Points**- Over 25,000 'Delivery Points' across the country have been strengthened in terms of infrastructure, equipment, and trained manpower for provision of comprehensive RMNCAH+N services.
8. MCP Card and Safe Motherhood Booklet are distributed to the pregnant women for educating them on diet, rest, danger signs of pregnancy, benefit schemes and institutional deliveries.
9. **Reproductive and child health** (RCH) portal is a name-based web-enabled tracking system for pregnant women and new born so as to ensure seamless provision of regular and complete services to them including antenatal care, institutional delivery and post-natal care.

(e)

The details of the steps taken by the Government to address the problem of anaemia across the country including West Bengal are:

- i. Prophylactic Iron and Folic Acid Supplementation in all six target age groups.
- ii. Intensified year-round Behaviour Change Communication (BCC) Campaign for:(a) improving compliance to Iron Folic Acid supplementation and deworming, (b) enhancing appropriate infant and young child feeding practices, (c) encouraging increase in intake of iron-rich food through diet diversity/quantity/frequency and/or fortified foods with focus on harnessing locally available resources, and (d) ensuring delayed cord clamping after delivery (by 3 minutes) in health facilities.
- iii. Testing and treatment of anaemia, using digital methods and point of care treatment, with special focus on pregnant women and school-going adolescents.
- iv. Addressing non-nutritional causes of anaemia in endemic pockets with special focus on malaria, hemoglobinopathies and fluorosis.

- v. Management of severe anaemia in pregnant women undertaken by administration of IV Iron Sucrose/Blood transfusion.
- vi. Providing incentives to the ANM for identification and follow-up of pregnant women with severe anaemia in high priority districts (HPDs).
- vii. Training and orientation of Medical Officers and front line-workers on newer Maternal Health and Anaemia Mukh Bharat guidelines.
- viii. Field level awareness by ASHAs through community mobilization activities and IEC and BCC activities.

Measures taken by the Government to make AMB programme more effective are:

- (i) working with other line departments and ministries for strengthening implementation.
- (ii) engaging National Centre of Excellence and Advanced Research on Anaemia Control (NCEAR-A) at AIIMS, Delhi in capacity building of health care providers.
- (iii) strengthening supply chain and logistics.
- (iv) development of AMB Training Toolkit for capacity building of health care providers in anaemia management and recent launch of Anaemia Mukh Bharat e-Training Modules to facilitate training of the health care providers through virtual platform amid COVID 19 pandemic which has posed a challenge in capacity building through physical trainings.

Comparative anaemia prevalence in Pregnant women in 36 States/UTs: NFHS-4 v/s NFHS-5

S.N	State/UT	Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) (%)	
		NFHS-5	NFHS-4
	India	52.2	50.4
1	A&N	53.7	61.4
2	Andhra Pradesh	53.7	52.9
3	Arunachal Pradesh	27.9	37.8
4	Assam	54.2	44.8
5	Bihar	63.1	58.3
6	Chandigarh	*	*
7	Chhattisgarh	51.8	41.5
8	DNH & DND	60.7	62.3
9	Goa	41	26.7
10	Gujarat	62.6	51.3
11	Haryana	56.5	55
12	Himachal Pradesh	42.2	50.4
13	Jammu & Kashmir	44.1	46.9
14	Jharkhand	56.8	62.6
15	Karnataka	45.7	45.4
16	Kerala	31.4	22.6
17	Lakshadweep	20.9	39
18	Ladakh	78.1	79.3
19	Madhya Pradesh	52.9	54.6
20	Maharashtra	45.7	49.3
21	Meghalaya	45	53.3
22	Manipur	32.4	26
23	Mizoram	34	27
24	Nagaland	22.2	32.7
25	Nct Of Delhi	42.2	46.1
26	Odisha	61.8	47.6
27	Punjab	51.7	42
28	Puducherry	42.5	26
29	Rajasthan	46.3	46.6
30	Sikkim	40.7	23.6
31	Tamilnadu	48.3	44.4
32	Telangana	53.2	48.2
33	Tripura	61.5	54.4
34	Uttar Pradesh	45.9	51
35	Uttarakhand	46.4	46.5
36	West Bengal	62.3	53.6

